

PREA Facility Audit Report: Final

Name of Facility: Youth Rehabilitation and Treatment Center Kearney

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/18/2018

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Candace L. Snyder | Date of Signature: 11/18/2018 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------|
| Auditor name: | Snyder, Candy |
| Address: | |
| Email: | Snyder@gwtc.net |
| Telephone number: | |
| Start Date of On-Site Audit: | 10/02/2018 |
| End Date of On-Site Audit: | 10/04/2018 |

| FACILITY INFORMATION | |
|-----------------------------------|---|
| Facility name: | Youth Rehabilitation and Treatment Center Kearney |
| Facility physical address: | 2802 30th Avenue, Kearney, Nebraska - 68845 |
| Facility Phone | (308)-865-5313 |
| Facility mailing address: | |
| The facility is: | <input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit |
| Facility Type: | <input type="radio"/> Detention <input checked="" type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/> |

| Primary Contact | | | |
|-----------------------|-------------------------|--------------------------|--------------------|
| Name: | Karen Frye | Title: | Compliance Manager |
| Email Address: | karen.frye@nebraska.gov | Telephone Number: | (308)-865-5313 |

| Warden/Superintendent | | | |
|-----------------------|--------------------------|--------------------------|----------------------------|
| Name: | Paul Gordon | Title: | Facility Operating Officer |
| Email Address: | paul.gordon@nebraska.gov | Telephone Number: | (308)-865-5313 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|------------|-----------------------|-------------------------|
| Name: | Karen Frye | Email Address: | karen.frye@nebraska.gov |

| Facility Health Service Administrator | | | |
|---------------------------------------|---------------------------|--------------------------|----------------|
| Name: | Randi Hayden | Title: | Nurse |
| Email Address: | randi.hayden@nebraska.gov | Telephone Number: | (308)-865-5313 |

| Facility Characteristics | |
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| Designed facility capacity: | 172 |
| Current population of facility: | 86 |
| Age range of population: | 14-18 |
| Facility security level: | Highest level of care for juvenile males in DHHS-OJS |
| Resident custody level: | Adjudicated by court of law |
| Number of staff currently employed at the facility who may have contact with residents: | 175 |

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The audit of the Youth Rehabilitation and Treatment Center-Kearney (YRTC-K) was conducted on October 2 through October 4, 2018 by Candy Snyder, a Certified PREA auditor and assisted by Mark Snyder. The YRTC-K is a state ran facility for male juveniles under the authority of the Nebraska Department of Health and Human Services Division of Children and Family Services, Office of Juvenile Services.

Audit notices were properly posted six weeks in advance of the dates of the on-site audit and verified by dated stamped photographs submitted to the auditor. The auditor observed the notices posted throughout the facility during the on-site tour. A pre-audit questionnaire with supporting documentation was provided to the auditor in advance of the on-site audit dates.

The YRTC-K for male youth and Youth Rehabilitation and Treatment Center-Geneva (YRTC-G) for female youth utilize a compliance team that is led by Nicole Berggren, an Juvenile Justice Administrator, Camella Jacobe, the PREA Coordinator and the respective facility's PREA Compliance Managers. The Compliance Team is responsible for American Corrections Association (ACA) standards, PREA standards, Performance based Standards (PbS) and the grievance process. In addition, the Compliance Team has completed specialized training through the PREA Resource Center for investigations and they conduct all administrative investigations for the two facilities.

On the first day of the audit we began with an entrance meeting in the chapel. The meeting was open for any YRTC-K staff to attend. The auditor gave a brief introduction of PREA, the audit team's experience, and the audit process. In attendance included:

Mark LaBouchardiere, Director Office of Juvenile Services

Trevor Spiegel, Office of Juvenile Services Administrator

Nicole Berggren, Juvenile Justice Administrator

Paul Gordon, YRTC-K Facility Administrator

Camella Jacobe, YRTC PREA Coordinator

Karen Frye, YRTC-Kearney PREA Compliance Manager

Brandon Thompson, YRTC-Geneva PREA Compliance Manager

Dr. Jerry Van Winkle, Psychologist

Following the entrance meeting the audit team toured the campus accompanied by the Facility Administrator, the PREA Coordinator and PREA Compliance Managers. During the tour the audit team located camera positions, security mirrors for better lines of sight, locked doors and the presence of staff providing direct supervision of the youth. The facility has upgraded and added additional cameras over the past year. Currently there are no cameras in the classrooms. 36 additional cameras are expected to be added to the school over the next year. The digital video recording system (DVRS) is able to securely retain video for up 90 days. In addition, the facility has a guard round system in which the staff is required

to log their presence at key points throughout their required rounds. These logins are recorded and the administrative staff reviews staff rounds reports consistently. All direct care staff carry hand-held radios for communication across the campus. The auditor physically observed every sleeping room and every shower and toileting facility utilized by youth. In addition to the audit notice, PREA Posters were located consistently throughout the campus. The compliance team has been very creative in creating diverse posters in both English and Spanish so that youth have variety to draw attention to the various PREA posters. Female staff consistently announced their presence when entering the youth housing.

Interviews were conducted with the Agency Head, the Office of Juvenile Services Administrator, and the Kearney Facility Administrator. The auditor then began interviewing specialized staff. Suitable and private accommodations were made for the auditor to conduct interviews. The auditor was not limited in any way from speaking with staff or youth or inspecting any area of the facility. The auditor was given access to the facility at all hours of the day in order to conduct interviews with staff on all shifts. Facility administrators and staff were extremely polite and accommodating throughout the audit.

The Human Resource Supervisor provided information and access to review the application and hiring process, and employee background checks. Other specialized interviews included the psychologist, the nurse, a therapist, staff responsible for the intake process, investigators, the PREA coordinator, and the PREA compliance manager.

Ms. Frye provided a copy of all unit staff schedules, staff rosters and youth rosters. The audit team completed interviews of fifteen (15) youth with varying lengths of stay and at least one youth from all housing units. There were no residents who were limited English speaking or had hearing/vision impairment to be interviewed. The audit team completed interviews of twelve (12) random staff from the roster provided. These interviews represented staff from various shifts, varying degrees of longevity, diverse job classifications and worked within varying housing units. All required interviews were conducted on-site during the audit.

The auditor reviewed investigative files. Investigative files were reviewed and all were handled appropriately and per the standards.

An exit briefing was held with the Facility Administrator, the OJS Administrator, the PREA Coordinator and the PREA Compliance Manager.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Youth Rehabilitation and Treatment Center-Kearney (YRTC-K) for boys is a sprawling campus with lush lawns and beautiful trees sitting upon a hill overlooking a golf course. The campus can house up to 172 male youth. At the time of the on-site portion of the audit there were 75 male youth in residence.

There is an administrative building consisting of offices and meeting rooms. Kearney West High School is a very large school building with an adjoining gymnasium and pool that provide for the educational needs of the youth. Staff are strategically placed throughout the school building throughout instructional hours in addition to the teaching staff for supervision of youth and to provide assistance with any issues. There is a vocation building where youth are taught welding and building trades. Gomez Hall houses the dining facility and kitchen on the first floor and laundry, food storage and a warehouse on the lower level. A chapel is also located on the campus. There are four youth housing buildings. Three of these have two housing units in each building. At the time of the audit Washington was not occupied by youth as it is under major renovation.

Dickson is the intake unit for the Kerney campus. Youth are initially housed here in individual sleeping rooms. They stay within Dickson until assessments have been completed to determine their appropriate housing. There is a dayroom and individual showers. Dickson is the most secure unit. There are four rooms located close to the staff office that are used for youth on confinement status that may need a cool down period for aggressive behavior.

Bryant/Creighton houses two living units. These units are mirror imaged housing each consisting of a dayroom, multipurpose room, staff office and shower/locker room on the first floor and youth sleeping rooms on the second floor. The youth sleeping rooms have a staff office in the center with widows overlooking both units sleeping area. Each sleeping unit has one toilet room close to the staff office. The toilet room has a single stool and sink that one youth at a time may use. In addition this building has one-story additions that house the canteen on the southeast corner of the building and medical and dental offices on the southwest corner of the building.

Lincoln/Washington houses two living units. These units are mirror imaged housing each consisting of a dayroom, multipurpose room, staff office and shower/locker room on the first floor and youth sleeping rooms on the second floor. The youth sleeping rooms have a staff office in the center with widows overlooking both units sleeping area. Each sleeping unit has one toilet room close to the staff office. The toilet room has a single stool and sink that one youth at a time may use. In addition this building has one-story additions that house the barber and a group room on the southeast corner of the building and the case managers with group rooms on the southwest corner of the building.

The lower level of Morton Hall is divided into to two distinct areas. The therapists offices and group rooms for counseling are located in the western wing of the building. The program spaces for the Morton housing unit are located in the eastern end of the building. Program spaces consists of a dayroom, game

room, staff office and shower/locker room. Morton Hall houses younger, more vulnerable or youth with mental health issues. The youth sleep on the second floor of Morton Hall in 20 individual sleeping rooms. There are always two staff on shift while youth are in the sleeping areas. The western wing of the second floor is currently unoccupied.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

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| Number of standards exceeded: | 0 |
| Number of standards met: | 43 |
| Number of standards not met: | 0 |

Residents reported feeling safe at YRTC-Kearney. All residents reported multiple methods of reporting to include the hotline to the Department of Human Services. The facility had posters placed throughout the facility. The residents stated they had a handbook provided upon intake to refer to throughout their stay.

Staff were familiar with how to perform their responsibilities in prevention, detecting and responding to incidents of sexual abuse and sexual harassment. Staff were able to relay to the auditor signs to watch for in residents who may have experienced sexual abuse or harassment. The facility staff assigned to monitor for retaliation were aware of the duties necessary to detect and monitor for retaliation. Specialized staff were knowledgeable in their roles.

The interviews of residents reflected all were aware of PREA, had received written material and acknowledged their familiarity with how to report allegations of sexual abuse and sexual harassment.

Through the pre-audit and on-site audit processes, the auditor determined that most standards were met. There were a couple of procedures that the auditor recommended modification to procedures. A corrective action plan for compliance has been developed. Details of corrective actions are written under each applicable standard within this report.

| Standards |
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| Auditor Overall Determination Definitions |
| <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) |
| Auditor Discussion Instructions |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> |

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| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The YRTC-K policy is outlined in Operational Memorandum 115.17.5 Prevention, Detection, Reporting, Staff Response, & Investigation of Abuse, Neglect, Sexual Harassment and Sexual Abuse/Assault. For ease of identification, this policy will be referenced as PREA policy 115.17.5 throughout this audit report. Within this policy the YRTC-K mandates zero tolerance toward all forms of sexual abuse, sexual harassment, or sexual assault from other juveniles, staff, contractors or volunteers.</p> <p>The policy includes the approach in implementing prevention, detection and response, definitions of prohibited behaviors, strategies, and intent to prosecute perpetrators fully. The PREA Compliance Manager was very knowledgeable in her duties and in the PREA standards in general. The youth receive detailed information about rights and reporting during their admission processes. Both the agency PREA Coordinator and the facility PREA Compliance Manager are full-time positions. They have support from the OJS Administrator who leads the compliance team on behalf of the Nebraska Department of Health and Human Services and all members of senior staff. All positions appeared to have sufficient time and authority to conduct their duties.</p> |

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| 115.312 | Contracting with other entities for the confinement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This standard is not applicable. The facility does not contract for the confinement of its residents with other private agencies/entities.</p> |

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| 115.313 | Supervision and monitoring |
| | <p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1485 786">The Facility Administrator reviews the institutional staffing plan annually to ensure there are proper staffing levels. The auditor reviewed the rounds and interviewed staff. Unannounced Rounds are conducted at varying times once each week but there were not many night time rounds. Unannounced rounds is a shared duty by all program managers. Often the rounds are conducted during the staff's normal shift. The rounds are documented in a handwritten log that is used for multiple purposes on the living unit. The administrators and compliance team often walk-through during various times, but do not always document these rounds. The auditor recommended implementing more nights, weekends and holiday rounds to ensure staff were coming in at unexpected times. Also, it is very difficult to identify the unannounced rounds within the all-purpose logbook. Staff are prohibited from alerting other staff of unannounced rounds as noted in the policy.</p> <p data-bbox="252 842 1422 1088">There is an extensive video camera system in place and they are planning to add more cameras to the school building and the recreation areas. The facility tour confirmed ample resident supervision/monitoring capabilities. Numerous video cameras were strategically located throughout the facility and were in good working order. There were neither judicial findings of inadequacy nor findings of inadequacy from any investigation agency/oversight bodies.</p> <p data-bbox="252 1144 1485 1603">Although the facility is in compliance with this standard there was room for improvement. The auditor recommended that the administrators document their rounds. Also that more late night (overnight) shifts be included. The hand-written log is sometimes difficult to read and sometimes does not include the time of the visit and therefore has to be inferred by the activity documented. The auditor made these suggestions during the exit briefing. The YRTC-K staff immediately implemented these suggestions by requiring the Administrative on-call staff perform a rotating schedule of unannounced rounds when they are on-call that week. The on-call staff member is now required to come out sometime (not during their shift) and complete an unannounced round. These individuals will either write in an unannounced round logbook established in the living units or send a group email for unannounced rounds that is printed and kept in a working file for unannounced rounds.</p> |

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| 115.315 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility does not conduct cross-gender pat-down searches except in exigent circumstances. The agency trains security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents. Staff at YRTC-K are instructed to conduct all searches with the back of their hands and in a manner that is respectful of all residents. The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it is determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. All staff stated during their interview that they are taught to ask a transgender or intersex resident what gender staff they prefer to conduct their search.</p> <p>Showers are supervised by male staff and female staff typically post themselves at the opposite end of the dayroom near the staff office where they administer mediation during shower times. However, the wall between the shower/locker area and the dayroom is constructed with an expansive set of windows. This does not allow residents to shower or change clothing in privacy because female staff are only prevented from doing so by their position. The youth often shower in their boxer shorts for privacy. This is not an ideal situation. Upon discussion with the auditor Staff immediately took corrective action and applied an opaque film to the glass windows between the shower room and the dayroom. In addition they currently have gang showers. They are working with their facilities maintenance department to order stalls to allow for more privacy while showering.</p> <p>The facility has policies and now has procedures that enable residents to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing them in a state of undress except in exigent circumstances or when such viewing is incidental to routine cell checks.</p> <p>Female staff announce their presence when entering a resident housing unit. The auditor noted the announcement was made during the tour of the facility. The youth and staff indicated during interviews that these announcements are made consistently.</p> |

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| 115.316 | Residents with disabilities and residents who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility has a listing of available contracted interpreters used by the entire Nebraska Department of Health and Human Services. The agency takes appropriate steps to ensure residents with disabilities (for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interpretive services have not been needed during the review period.</p> <p>The policy states the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety. Staff verified this practice through interview responses.</p> <p>Recommended Corrective Action: Staff consistently stated they would contact an administrator and those conducting the intake process were familiar with the interpretive service. Although the facility is in compliance with this standard, the auditor recommends posting instructions on how to access for staff ease of use by all staff. This facility has limited exposure to youth in need of translation services.</p> |

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| 115.317 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The PREA policy requires criminal background checks on employees, contractors and volunteers. The policy states that criminal background checks are conducted on applicants before an offer of employment is made and at least once every five years on current employees who may have contact with juveniles. The human resources director provided information and access to a random sampling of employee files. All the necessary background checks were ran. The facility uses a background check service company that completes the required law enforcement background checks as well as a Department of Health & Human Services Nebraska Central Registry Check for child abuse and neglect.</p> <p>The auditor reviewed specified documentation in which they asked prospective applicants, contractors and volunteers who may have contact with residents directly about previous sexual misconduct and required that they sign understanding that they have a continuing duty to report during the course of their employment.</p> |

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| 115.318 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility considers how technology enhances their ability to protect residents from sexual abuse. They have cameras throughout the facility and have conducted campus inspections specifically for identifying blind spots and added additional cameras to these areas. They have upgraded from analog to digital cameras. They have plans to add additional cameras to the school. They have at a minimum of 90 days of storage on their Digital Video Recorded Systems (DVRs) so that they may use for investigative purposes regarding PREA related allegations. They have installed motion detectors in the stairwell of the living units to prevent youth from moving between the first and second floor unescorted by staff.</p> |

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| 115.321 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility offers all residents who alleged sexual abuse access to forensic medical examinations without financial cost. The facility has a coordinated response plan and takes direction from the Family Advocacy Network on which hospital to transport the youth to. The Family Advocacy Network guides the process. The Family Advocacy Network ensures that such examinations are to be performed by a Sexual Assault Nurse Examiners (SANE). As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals. If the youth does not wish to use an advocate, a qualified staff member is also available to accompany the youth. The YRTC-K has a Memorandum of Understanding (MOU) with the Family Advocacy Network for these services.</p> |

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| 115.322 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PREA policy 115.17 Section V requires that allegations of sexual abuse or sexual harassment are referred for investigation. Allegations are referred to the Nebraska State Patrol to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>The YRTC compliance staff received investigator training via technical assistance from the PREA Resource Center in March 2018. The PREA Coordinator has received train-the-trainer for investigations. All four members of their compliance team have been trained to conduct administrative investigations. All sexual abuse incidents are reported to the Child Protective Services (CPS) hotline. CPS investigators determine if Nebraska Highway Patrol is called for potential criminal investigations. The facility documents all such referrals.</p> |

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| 115.331 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The YRTC utilizes the PowerPoint presentations provided by the PREA Resource Center. The auditor reviewed the PowerPoint lessons, interviewed staff and reviewed signatures on the Record of Training forms provided by the training officer. The information presented in training was confirmed through interviews with random staff. The auditor recommended the signature sheets specifically contain a statement "that the employee understands the training that they have received.</p> |

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| 115.332 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed the tracking sheets for volunteer and contractor training. The information presented in training was confirmed through interviews. The volunteers and contractors sign the tracking sheet verifying that they have received PREA training, understand the zero tolerance policy, their responsibilities and to how to report.</p> |

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| 115.333 | Resident education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility was showing a video to the youth during the intake process. The standards intent is to provide basic education during the intake process and more in-depth training after the youth is acclimated a bit to the facility. Upon discussion with the facility the YRTC-K changed their process to PREA education so youth now get a short talk on the zero tolerance policy when they walk in the door as well as a brochure talking about reporting. Then on the 7th day, the day they are classified and moving to their assigned cottage, they receive the video training and the PREA comic book End the Silence from the Washington College of Law. Youth sign acknowledgment forms that they have received the training.</p> <p>In addition to the initial training, the video training and the comic book, there are posters throughout the facility and in every housing unit for continuous reference.</p> |

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| 115.334 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility complies with specialized training as indicated by participation in the investigator training provided by the PREA Resource Center. In addition to the general training provided to all employees the facility ensures that the investigators have received specialized training in conducting investigations in confinement settings. This training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> |

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| 115.335 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Through interviews with medical and mental health staff it is apparent they are knowledgeable in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility has documentation of specialized training as well as the PREA training required of all facility staff.</p> |

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| 115.341 | Obtaining information from residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed policy and then interviewed random residents and intake staff responsible for screening. Only limited staff have access to the risk screening form. The screening documents are secured within the mental health file. The YRTC-K screens all youth upon intake using an objective screening tool that uses the identifiable criteria addressed within the standards. If a youth, through the screening process, is determined to be susceptible to victimization or perpetration of sexual abuse, this is shared with staff only to the extent necessary to provide for the well being of youth.</p> |

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| 115.342 | Placement of residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>YRTC-K makes placement decisions based on all information obtained to make housing, bed, program, and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The facility will take into account the concerns of a transgendered or intersex resident's own views with respect to his or her own safety. Those views are given serious consideration and this was demonstrated through the interviews of staff. Transgender youth will shower separately after the group has showered. The facility does not place bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor does the facility consider bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility indicates through interviews that they will consider on a case-by-case basis assignment to a living unit that will ensure the resident's health and safety, and whether the placement would present management or security problems. Facility procedure is to manage a resident's housing placement rather than using isolation as a means for protecting the resident's safety. Residents are placed on safekeeping which is the term used for isolation. It is used as a last resort when least restrictive measures cannot keep a resident safe.</p> |

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| 115.351 | Resident reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, or retaliation. The facility provides a PREA Reporting hotline that connects to Child Protection Services (CPS). Youth were very knowledgeable regarding all reporting methods to include the hot line, reporting to staff, reporting through the grievance process. The staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports. The facility provides residents with access to tools necessary to make a written report.</p> |

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| 115.352 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Residents may submit a grievance alleging sexual abuse or harassment without submitting it to a staff member that is subject of the allegation. The youth does not have to complete any other prior steps in order to submit a grievance for an allegation of sexual abuse. There is also no time limit on when a youth can submit a grievance regarding an allegation of sexual abuse. An emergency grievance must be reviewed immediately. Youth may have assistance in completing a grievance. Staff and youth interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and sexual harassment.</p> |

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| 115.353 | Resident access to outside confidential support services and legal representation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility provides residents with access to outside victim advocates and emotional support services related to sexual abuse by providing victim advocate services from the Family Advocacy Network. The facility has a Memorandum of Understanding with the Family Advocacy Network. As requested by the resident, an advocate accompanies and supports the resident through the forensic medical examination process and investigatory interviews. In addition they are available to provide emotional support, crisis intervention, information, and referrals. Youth have therapists at the facility and some youth reported they were more apt to request support services from the therapists at the facility because they have already developed a relationship with them. However, the external advocates are available to them. The facility provides residents with reasonable and confidential access to their attorneys or other legal representation and access to parents or legal guardians. In addition, they provide residents with pamphlets that have contact information for the Nebraska State Ombudsman, the DHHS helpline and the Child Protective Services hotline for reporting abuse. There are also posters located throughout the facility with contact information.</p> |

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| 115.354 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The agency publically posts information in order to receive third party reports. They post information publicly on how to report sexual abuse and sexual harassment on behalf of a resident on their website at http://dhhs.ne.gov/children_family_services/Pages/YRTC-PREA.aspx</p> |

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| 115.361 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency also requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and Child Protection Services, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p>Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials as well as to Child Protection Services as required by mandatory reporting laws. Such practitioners inform the residents at the initiation of services of their duty to report and the limitation of confidentiality through a informed consent form that the youth signs.</p> <p>Upon receiving any allegation of sexual abuse, the YRTC-K staff promptly reports the allegation to the Child Protection Services, to the alleged victim's parents or legal guardian, unless the facility has official documentation showing the parents or legal guardian should not be notified.</p> <p>The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> |

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| 115.362 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Through interviews with the Facility Administrator, the PREA Coordinator, the PREA Compliance Manager and random staff there is evidence to support that the facility requires all staff to take immediate action to protect the resident from imminent sexual abuse. There have been no instances that the facility determined that a resident was subject to risk of imminent sexual abuse.</p> |

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| 115.363 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor interviewed the Facility Administrator, the PREA Coordinator, the PREA Compliance Manager and random staff as well as reviewing policies and procedures. The YRTC-K properly documents actions taken upon receiving an allegation of sexual abuse of a resident while at another facility with such action initiated no later than 72 hours. Notifications are from Facility Administrator to Facility Administrator. There was one instance of an allegation reported to have occurred at another facility. Proper procedures were followed and documented.</p> |

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| 115.364 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Facility policies comply with all elements of this standard (separate alleged victim/abuser, preservation and protection of crime scene, to include collection of physical evidence as soon as possible, including the request of the victim not to take any actions which could destroy any physical evidence) and all staff have been trained accordingly. Interviews with random staff including first responders confirmed knowledge of policy requirements and staff expectations.</p> |

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| 115.365 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The facility has a PREA policy that outlines the coordinated actions to be taken when an incident occurs. This plan coordinates actions among staff first responders, medical/mental health staff, investigators and facility leadership. Staff interviews and interviews with the Facility Administrator indicate staff are aware of their responsibilities to coordinate responses within the facility.</p> |

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| 115.366 | Preservation of ability to protect residents from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | There are no barriers preventing the Facility Administrator from removing alleged staff, volunteer, or contractor sexual abusers from contact with residents pending the outcome of the investigation and a determination of discipline. |

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| 115.367 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The facility has a written policy related to protection against retaliation. Social Service Case Managers and Therapists are charged with monitoring for retaliation. Staff monitor for retaliation for at least 90 days or longer if necessary. Staff have a retaliation tracking form to complete. Should any other person who cooperates with a sexual misconduct investigation express fear of retaliation; appropriate protective measures will be taken. Retaliation monitoring will be discontinued should the allegation be unfounded. Measures include housing changes, removing contact of alleged staff/resident abusers and emotional support services for those who fear retaliation. There have been no instances of alleged retaliation. |

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| 115.368 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The facility typically does not use segregated housing for residents as a means to keep them safe from sexual misconduct. It would only be a last resort. Interviews confirmed that the typical use is for those with behavioral issues that are assigned "repair work" who are placed in isolation and they are typically out in less than 24 hours. It would be a very rare circumstance and perhaps only if there was a consensual relationship and they were keeping two youth separate while they investigated the facts. Normally they will separate the youth by giving them different housing assignments. |

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| 115.371 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The auditor reviewed agency investigative files. The facility had multiple incidents of youth violating the no-touch policy and making one-time comments of a sexual nature. The incidents were properly investigated as outlined by agency policy and PREA standards and appropriate consequences were issued following the investigation. Administrative investigations include efforts to determine whether staff actions/failures contributed to the abuse documented through written reports that include physical/testimonial evidence. All written reports will be retained for at least seven (7) years from resident(s) discharge or until the age of majority is reached whichever is longer.</p> |

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| 115.372 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Agency policy stipulates no standard higher than a preponderance of evidence will be used in making a determination of alleged sexual abuse/harassment. Through interviews with investigators, the agency PREA Coordinator, and the PREA Compliance Manager it was stated they use no standard higher than the preponderance of evidence in making final determinations of sexual abuse/harassment.</p> |

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| 115.373 | Reporting to residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Agency policy requires residents to be informed as to whether the allegation was substantiated, unsubstantiated or unfounded; whether the allegation involved staff, contractors, volunteers or another resident. If a sexual misconduct allegation is confirmed, the resident will be informed of the abuser's employment/volunteer/contractor status; and as appropriate of an indictment/conviction. Interviews with the Facility Administrator, PREA Coordinator and the PREA Compliance Manager confirmed practices involving all standard components were in place. Information regarding the status of investigations is readily available and was provided to the auditor. There were past incidents in which the outcome was not properly reported. The facility has made adjustments to their reports so that this step is not missed in the future.</p> |

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| 115.376 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Agency policy requires staff members who have violated sexual abuse, sexual harassment and retaliation policies are subject to disciplinary sanctions. Interviews also confirmed that agency policy would be followed should disciplinary measures be required including a report to law enforcement and relevant licensing authorities should termination and/or resignation of staff occur. |

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| 115.377 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Agency policy states contractors and volunteers are subject to disciplinary actions including termination for violation of agency sexual abuse policy. There have been no contractors or volunteers accused of sexual misconduct in the audit review period. According to the Facility Administrator should any violation of this type be substantiated, the facility has complete authority to administer remedial measures including prohibiting further contact with residents that they could be prohibited from entering the facility for violation of the facility's sexual abuse/harassment policies. |

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| 115.378 | Interventions and disciplinary sanctions for residents |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | For incidents of youth-on-youth sexual abuse, sexual harassment or retaliation, administrative sanctions will be handed out following the formal disciplinary processes and applied commensurate with the level of infraction. Staff including the mental health provider indicated through the interview that a therapeutic approach is sought when administering sanctions. Through resident interviews youth stated they have good rapport with therapists and feel that any level of counseling needed would be provided including contact with any previous counselor they had within their home community. A youth's access to general programming or education is not conditional on receiving interventions designed to address/correct underlying reasons or motivations for abuse. |

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| 115.381 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Both through the PREA screening completed at intake and the screening completed by medical and or mental health staff upon intake, any resident that has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interviews and document review confirmed agency policy expectations and staff were aware of their responsibilities including limiting information strictly to medical/mental health and other staff, as necessary. Medical and mental health staff was also aware of mandatory reporting laws for residents. |

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| 115.382 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | A review of facility policy documented PREA requirements for access to emergency medical and mental health services. In the event services after hours are not available by the facility medical and mental health staff, staff would report to the State Police and the Family Advocacy Network. The Family Advocacy Network would direct staff which medical facility to transport the resident in order to complete a forensic exam by a Sexual Assault Nurse Examiner (SANE). These services have not had to be used during the audit review period. |

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| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The Agency policy requires that medical and mental health evaluations and treatment are offered at no cost to sexual abuse victims and abusers. Medical and mental health staff verified this as a necessary practice. However, mental health staff stated that as soon as an incident was reported, a counseling session would be scheduled. When residents are transferred or discharged, a continuing care plan is developed for follow-up services consistent with those services provided in the community. Tests for sexually transmitted infections are offered. If a youth will be taken to the local hospital, these tests will be offered there. |

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| 115.386 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The facility conducts sexual abuse incident reviews following each sexual abuse investigation. The auditor recommended a consistent date each month is set for the review of any incidents from the previous month. This review includes upper-level staff, supervisors, investigators, medical and mental health staff. The facility has developed a specific form that specifically answers the questions posed within the standard. |

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| 115.387 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The facility collects uniform data for all allegations of sexual abuse based on incident reports and investigation files. Aggregate annual data is available and was provided to the auditor. The facility has provided this information to the Department of Justice through the Survey of Sexual Violence. |

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| 115.388 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | The facility has completed an annual review of data and prepared an annual report. This review reports findings and corrective actions as well as the progress made through the previous year in addressing sexual abuse. The 2016 review is posted on the agencies website. The auditor was provided the 2017 report and administration has stated it will soon be posted on the website. |

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| 115.389 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The Agency posts PREA related data on the Agency's website http://doc.wi.gov/About/DOC-Overview/Office-of-the-Secretary/Prison-Rape-Elimination-Act-Unit</p> <p>Data collected is retained via limited access and through a secure server for at least ten (10) years.</p> |

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The YRTC-K was initially audited in 2015. This is year one of their second audit cycle. The auditor had complete access and observed operations in every area of the facility. The auditor requested many documents throughout the audit process. The staff were extremely professional and very responsive to all requests made by the auditor. The YRTC-K staff provided private accommodations to conduct interviews, made adjustments to routines and staff schedules and allowed after-hours access to the auditor. The auditor notices were posted throughout the facility. The auditor received no correspondence or requests for interviews.</p> |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>This is the second audit for the YRTC-K and the 2015 audit is published on their website.</p> |

Appendix: Provision Findings

| 115.311 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|---|-----|
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |

| 115.311 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|--|-----|
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |

| 115.311 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
|-------------|---|-----|
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |

| 115.312 (a) | Contracting with other entities for the confinement of residents | |
|-------------|---|----|
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |

| 115.312 (b) | Contracting with other entities for the confinement of residents | |
|-------------|---|----|
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | na |

| 115.313 (a) | Supervision and monitoring | |
|-------------|--|-----|
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | yes |
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| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |

| 115.313 (b) | Supervision and monitoring | |
|--------------------|--|-----|
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |

| 115.313 (c) | Supervision and monitoring | |
|--------------------|--|-----|
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |

| 115.313 (d) | Supervision and monitoring | |
|--------------------|---|-----|
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

| 115.313 (e) | Supervision and monitoring | |
|--------------------|--|-----|
| | Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) | yes |

| 115.315 (a) | Limits to cross-gender viewing and searches | |
|--------------------|---|-----|
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |

| 115.315 (b) | Limits to cross-gender viewing and searches | |
|--------------------|---|-----|
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |

| 115.315 (c) | Limits to cross-gender viewing and searches | |
|--------------------|--|-----|
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |

| 115.315 (d) | Limits to cross-gender viewing and searches | |
|--------------------|---|-----|
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |

| 115.315 (e) | Limits to cross-gender viewing and searches | |
|--------------------|---|-----|
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.315 (f) | Limits to cross-gender viewing and searches | |
|--------------------|---|-----|
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.316 (a) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|---|-----|
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all | yes |

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| | aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or | yes |

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| | through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | |
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| 115.316 (b) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|---|-----|
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

| 115.316 (c) | Residents with disabilities and residents who are limited English proficient | |
|--------------------|--|-----|
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | yes |

| 115.317 (a) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |

| 115.317 (b) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |

| 115.317 (c) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |

| 115.317 (d) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |

| 115.317 (e) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |

| 115.317 (f) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |

| 115.317 (g) | Hiring and promotion decisions | |
|-------------|---|-----|
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

| 115.317 (h) | Hiring and promotion decisions | |
|-------------|--|-----|
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |

| 115.318 (a) | Upgrades to facilities and technologies | |
|-------------|---|-----|
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| 115.318 (b) | Upgrades to facilities and technologies | |
|-------------|---|-----|
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |

| 115.321 (a) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.321 (b) | Evidence protocol and forensic medical examinations | |
|-------------|---|-----|
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.321 (c) | Evidence protocol and forensic medical examinations | |
|--------------------|---|-----|
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |

| 115.321 (d) | Evidence protocol and forensic medical examinations | |
|--------------------|--|-----|
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

| 115.321 (e) | Evidence protocol and forensic medical examinations | |
|--------------------|---|-----|
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |

| 115.321 (f) | Evidence protocol and forensic medical examinations | |
|--------------------|--|-----|
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.) | yes |

| 115.321 (h) | Evidence protocol and forensic medical examinations | |
|--------------------|--|----|
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | na |

| 115.322 (a) | Policies to ensure referrals of allegations for investigations | |
|--------------------|---|-----|
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| 115.322 (b) | Policies to ensure referrals of allegations for investigations | |
|--------------------|---|-----|
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

| 115.322 (c) | Policies to ensure referrals of allegations for investigations | |
|-------------|--|-----|
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |

| 115.331 (a) | Employee training | |
|-------------|---|-----|
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |

| 115.331 (b) | Employee training | |
|--------------------|---|-----|
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |

| 115.331 (c) | Employee training | |
|--------------------|--|-----|
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

| 115.331 (d) | Employee training | |
|--------------------|---|-----|
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

| 115.332 (a) | Volunteer and contractor training | |
|--------------------|---|-----|
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |

| 115.332 (b) | Volunteer and contractor training | |
|--------------------|---|-----|
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |

| 115.332 (c) | Volunteer and contractor training | |
|--------------------|---|-----|
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

| 115.333 (a) | Resident education | |
|--------------------|---|-----|
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |

| 115.333 (b) | Resident education | |
|--------------------|--|-----|
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |

| 115.333 (c) | Resident education | |
|--------------------|--|-----|
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |

| 115.333 (d) | Resident education | |
|--------------------|--|-----|
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |

| 115.333 (e) | Resident education | |
|--------------------|---|-----|
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |

| 115.333 (f) | Resident education | |
|--------------------|---|-----|
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |

| 115.334 (a) | Specialized training: Investigations | |
|-------------|---|-----|
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| 115.334 (b) | Specialized training: Investigations | |
|-------------|---|-----|
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| 115.334 (c) | Specialized training: Investigations | |
|-------------|---|-----|
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| 115.335 (a) | Specialized training: Medical and mental health care | |
|--------------------|--|-----|
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

| 115.335 (b) | Specialized training: Medical and mental health care | |
|--------------------|--|-----|
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) | yes |

| 115.335 (c) | Specialized training: Medical and mental health care | |
|--------------------|---|-----|
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? | yes |

| 115.335 (d) | Specialized training: Medical and mental health care | |
|--------------------|--|-----|
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? | yes |

| 115.341 (a) | Obtaining information from residents | |
|-------------|---|-----|
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |

| 115.341 (b) | Obtaining information from residents | |
|-------------|---|-----|
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

| 115.341 (c) | Obtaining information from residents | |
|-------------|---|-----|
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |

| 115.341 (d) | Obtaining information from residents | |
|--------------------|---|-----|
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? | yes |

| 115.341 (e) | Obtaining information from residents | |
|--------------------|--|-----|
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |

| 115.342 (a) | Placement of residents | |
|--------------------|---|-----|
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |

| 115.342 (b) | Placement of residents | |
|--------------------|---|-----|
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

| 115.342 (c) | Placement of residents | |
|--------------------|--|-----|
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |

| 115.342 (d) | Placement of residents | |
|--------------------|--|-----|
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |

| 115.342 (e) | Placement of residents | |
|--------------------|--|-----|
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |

| 115.342 (f) | Placement of residents | |
|--------------------|---|-----|
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |

| 115.342 (g) | Placement of residents | |
|--------------------|---|-----|
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |

| 115.342 (h) | Placement of residents | |
|--------------------|--|-----|
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |

| 115.342 (i) | Placement of residents | |
|-------------|--|-----|
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |

| 115.351 (a) | Resident reporting | |
|-------------|--|-----|
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

| 115.351 (b) | Resident reporting | |
|-------------|---|-----|
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |

| 115.351 (c) | Resident reporting | |
|--------------------|---|-----|
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |

| 115.351 (d) | Resident reporting | |
|--------------------|--|-----|
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |

| 115.351 (e) | Resident reporting | |
|--------------------|---|-----|
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |

| 115.352 (a) | Exhaustion of administrative remedies | |
|--------------------|---|-----|
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

| 115.352 (b) | Exhaustion of administrative remedies | |
|--------------------|---|-----|
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (c) | Exhaustion of administrative remedies | |
|-------------|--|-----|
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (d) | Exhaustion of administrative remedies | |
|-------------|--|-----|
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (e) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (f) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |

| 115.352 (g) | Exhaustion of administrative remedies | |
|-------------|---|-----|
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

| 115.353 (a) | Resident access to outside confidential support services and legal representation | |
|-------------|---|-----|
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |

| 115.353 (b) | Resident access to outside confidential support services and legal representation | |
|-------------|--|-----|
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |

| 115.353 (c) | Resident access to outside confidential support services and legal representation | |
|-------------|--|-----|
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |

| 115.353 (d) | Resident access to outside confidential support services and legal representation | |
|--------------------|---|-----|
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |

| 115.354 (a) | Third-party reporting | |
|--------------------|--|-----|
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |

| 115.361 (a) | Staff and agency reporting duties | |
|--------------------|---|-----|
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |

| 115.361 (b) | Staff and agency reporting duties | |
|--------------------|---|-----|
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |

| 115.361 (c) | Staff and agency reporting duties | |
|--------------------|---|-----|
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

| 115.361 (d) | Staff and agency reporting duties | |
|--------------------|---|-----|
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |

| 115.361 (e) | Staff and agency reporting duties | |
|--------------------|--|-----|
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | yes |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |

| 115.361 (f) | Staff and agency reporting duties | |
|--------------------|--|-----|
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

| 115.362 (a) | Agency protection duties | |
|--------------------|--|-----|
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |

| 115.363 (a) | Reporting to other confinement facilities | |
|--------------------|---|-----|
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |

| 115.363 (b) | Reporting to other confinement facilities | |
|--------------------|---|-----|
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |

| 115.363 (c) | Reporting to other confinement facilities | |
|--------------------|--|-----|
| | Does the agency document that it has provided such notification? | yes |

| 115.363 (d) | Reporting to other confinement facilities | |
|--------------------|--|-----|
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

| 115.364 (a) | Staff first responder duties | |
|--------------------|---|-----|
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |

| 115.364 (b) | Staff first responder duties | |
|--------------------|--|-----|
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |

| 115.365 (a) | Coordinated response | |
|--------------------|---|-----|
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

| 115.366 (a) | Preservation of ability to protect residents from contact with abusers | |
|--------------------|--|-----|
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |

| 115.367 (a) | Agency protection against retaliation | |
|--------------------|--|-----|
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |

| 115.367 (b) | Agency protection against retaliation | |
|--------------------|---|-----|
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |

| 115.367 (c) | Agency protection against retaliation | |
|-------------|---|-----|
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |

| 115.367 (d) | Agency protection against retaliation | |
|-------------|---|-----|
| | In the case of residents, does such monitoring also include periodic status checks? | yes |

| 115.367 (e) | Agency protection against retaliation | |
|--------------------|---|-----|
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |

| 115.368 (a) | Post-allegation protective custody | |
|--------------------|---|-----|
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

| 115.371 (a) | Criminal and administrative agency investigations | |
|--------------------|--|-----|
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |

| 115.371 (b) | Criminal and administrative agency investigations | |
|--------------------|---|-----|
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |

| 115.371 (c) | Criminal and administrative agency investigations | |
|--------------------|--|-----|
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |

| 115.371 (d) | Criminal and administrative agency investigations | |
|-------------|--|-----|
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |

| 115.371 (e) | Criminal and administrative agency investigations | |
|-------------|--|-----|
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |

| 115.371 (f) | Criminal and administrative agency investigations | |
|-------------|---|-----|
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |

| 115.371 (g) | Criminal and administrative agency investigations | |
|-------------|---|-----|
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |

| 115.371 (h) | Criminal and administrative agency investigations | |
|-------------|--|-----|
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (i) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (j) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |

| | | |
|--------------------|--|-----|
| 115.371 (k) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |

| | | |
|--------------------|---|-----|
| 115.371 (m) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| | | |
|--------------------|--|-----|
| 115.372 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |

| | | |
|--------------------|--|-----|
| 115.373 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |

| 115.373 (b) | Reporting to residents | |
|-------------|--|-----|
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |

| 115.373 (c) | Reporting to residents | |
|-------------|--|-----|
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.373 (d) | Reporting to residents | |
|--------------------|---|-----|
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |

| 115.373 (e) | Reporting to residents | |
|--------------------|---|-----|
| | Does the agency document all such notifications or attempted notifications? | yes |

| 115.376 (a) | Disciplinary sanctions for staff | |
|--------------------|--|-----|
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

| 115.376 (b) | Disciplinary sanctions for staff | |
|--------------------|--|-----|
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

| 115.376 (c) | Disciplinary sanctions for staff | |
|--------------------|---|-----|
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |

| 115.376 (d) | Disciplinary sanctions for staff | |
|--------------------|--|-----|
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |

| 115.377 (a) | Corrective action for contractors and volunteers | |
|--------------------|--|-----|
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |

| 115.377 (b) | Corrective action for contractors and volunteers | |
|--------------------|--|-----|
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

| 115.378 (a) | Interventions and disciplinary sanctions for residents | |
|--------------------|--|-----|
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |

| 115.378 (b) | Interventions and disciplinary sanctions for residents | |
|--------------------|---|-----|
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |

| 115.378 (c) | Interventions and disciplinary sanctions for residents | |
|--------------------|---|-----|
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |

| 115.378 (d) | Interventions and disciplinary sanctions for residents | |
|--------------------|--|-----|
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |

| 115.378 (e) | Interventions and disciplinary sanctions for residents | |
|--------------------|--|-----|
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |

| 115.378 (f) | Interventions and disciplinary sanctions for residents | |
|--------------------|--|-----|
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |

| 115.378 (g) | Interventions and disciplinary sanctions for residents | |
|--------------------|---|-----|
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |

| 115.381 (a) | Medical and mental health screenings; history of sexual abuse | |
|--------------------|---|-----|
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |

| 115.381 (b) | Medical and mental health screenings; history of sexual abuse | |
|--------------------|---|-----|
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |

| 115.381 (c) | Medical and mental health screenings; history of sexual abuse | |
|--------------------|---|-----|
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |

| 115.381 (d) | Medical and mental health screenings; history of sexual abuse | |
|--------------------|---|-----|
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |

| 115.382 (a) | Access to emergency medical and mental health services | |
|--------------------|---|-----|
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |

| 115.382 (b) | Access to emergency medical and mental health services | |
|--------------------|---|-----|
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

| 115.382 (c) | Access to emergency medical and mental health services | |
|--------------------|--|-----|
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |

| | | |
|--------------------|--|-----|
| 115.382 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |

| | | |
|--------------------|--|-----|
| 115.383 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

| | | |
|--------------------|---|-----|
| 115.383 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

| | | |
|--------------------|--|----|
| 115.383 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | na |

| 115.383 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
|-------------|---|----|
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | na |

| 115.383 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
|-------------|---|-----|
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |

| 115.383 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
|-------------|--|-----|
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

| 115.383 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
|-------------|--|-----|
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |

| 115.386 (a) | Sexual abuse incident reviews | |
|-------------|---|-----|
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |

| 115.386 (b) | Sexual abuse incident reviews | |
|--------------------|--|-----|
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |

| 115.386 (c) | Sexual abuse incident reviews | |
|--------------------|---|-----|
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

| 115.386 (d) | Sexual abuse incident reviews | |
|--------------------|---|-----|
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |

| 115.386 (e) | Sexual abuse incident reviews | |
|--------------------|--|-----|
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

| 115.387 (a) | Data collection | |
|-------------|--|-----|
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |

| 115.387 (b) | Data collection | |
|-------------|---|-----|
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |

| 115.387 (c) | Data collection | |
|-------------|--|-----|
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

| 115.387 (d) | Data collection | |
|-------------|--|-----|
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |

| 115.387 (e) | Data collection | |
|-------------|--|----|
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |

| 115.387 (f) | Data collection | |
|-------------|--|-----|
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |

| 115.388 (a) | Data review for corrective action | |
|--------------------|---|-----|
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

| 115.388 (b) | Data review for corrective action | |
|--------------------|---|-----|
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |

| 115.388 (c) | Data review for corrective action | |
|--------------------|--|-----|
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

| 115.388 (d) | Data review for corrective action | |
|--------------------|---|-----|
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |

| 115.389 (a) | Data storage, publication, and destruction | |
|--------------------|---|-----|
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |

| 115.389 (b) | Data storage, publication, and destruction | |
|-------------|---|-----|
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |

| 115.389 (c) | Data storage, publication, and destruction | |
|-------------|--|-----|
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |

| 115.389 (d) | Data storage, publication, and destruction | |
|-------------|--|-----|
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |

| 115.401 (a) | Frequency and scope of audits | |
|-------------|---|-----|
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

| 115.401 (b) | Frequency and scope of audits | |
|--------------------|--|-----|
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |

| 115.401 (h) | Frequency and scope of audits | |
|--------------------|--|-----|
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |

| 115.401 (i) | Frequency and scope of audits | |
|--------------------|--|-----|
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |

| 115.401 (m) | Frequency and scope of audits | |
|--------------------|---|-----|
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |

| 115.401 (n) | Frequency and scope of audits | |
|--------------------|---|-----|
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

| 115.403 (f) | Audit contents and findings | |
|-------------|--|-----|
| | <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)</p> | yes |